Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

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CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL TYPE	L ENTIT	Y		R THAN L ENTITY
FOR			NUMBER FILED		1	NUMBER EXTRA		7 г	RATE				
BASIC FEE								┨╏	HAIL			RATE	
TOTAL CLAIMS / 3 minus 20= *							┧┟		345.0	OI OI	٩	690.00	
7) 1111103 20-						1 1	X\$ 9=		OF	X\$18=	:		
INDEPENDENT CLAIMS minus 3 = *] [X39=		OF	X78=		
IVI	MULTIPLE DEPENDENT CLAIM PRESENT								100	+	\dashv	` 	
*	* If the difference in column 1 is less than zero, enter "0" in column 2							, r	+130=		OF	+260=	
	CLAIMS AS AMENDED - PART II								TOTAL		OF	R TOTAL	698
(Column 1) (Column 2) (Column 3)									LIAMA	. ENTITY			RTHAN
4		CL	AIMS			HIGHEST	(Column 3)	l –	SWALL			SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT			PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	<u> </u> *		Minus	**		=		X\$ 9=		OR	X\$18=	1
Ā Z	Independent			Minus	***		=	┞	V20	 	-		
	FIRST PRES	ENTATIO	N OF MI	JLTIPLE DE	PEND	ENT CLAIN		-	X39=	 	OR	X78=	<u> </u>
								.	+130=	1	OR	+260=	1
								ΔD	TOTAL DIT. FEE		OR	TOTAL	
_		(Colu	mn 1)		(Co	olumn 2)	(Column 3)	٨٥	Dit. PEE	<u> </u>	_	ADDIT, FEE	<u> </u>
AMENDMENI B		REMA	AIMS AINING TER DMENT		PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
2	Total			Minus	**		=		(\$ 9=		1	X\$18=	FEE_
	Independent	*		Minus	***		=	<u> </u>			OR	V\$10=	
	FIRST PRESE	NTATION	OF MU	LTIPLE DE	PENDE	NT CLAIM			X39= 		OR	X78=	
								+	130=		OR	+260=	
								ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
. [(Colur CLAI				lumn 2)	(Column 3)						
AMENDMENIC		HEMAI AFT AMEND	NING ER		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	,	Minus	**		=			<u>FEE</u>	1		FEE
	Independent	•		Minus	***		=	X	\$ 9=		OR	X\$18=	
	F'RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X	39=		OR	X78=	
- If t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+260=	
**If	the Highest Num the "Highest Num ne "Highest Numb	nber Previo	ously Paid	FOR INTHIS	SPACE	is less than	20, enter "20."	ADDI:	TOTAL T. FEE the appr	opriate box	OR A	TOTAL DDIT. FEE mn 1.	

FORM PTO-875